	CITY OF U	(IAH / L	JVWA			
APPL	ICATION FOR			UTIL	TY SERVICE	
Please check which Entity applie		<u> </u>		J		
City	Redwood		Millview			-
TODAY'S DATE				SERVI	CE START DATE	
OWNER NAME			CO-OW	NER		
SERVICE LOCATION					SUITE #	
MAILING ADDRESS (if different than locat	ion)					
	BUSINE	SS INFOR	MATION			
TYPE OF BUSINESS		or 🗆	Partnership		Corporation	
OWNER NAME						
TELEPHONE #'s BUSINESS	OWNER			EMEF	RGENCY	
FEDERAL TAX ID # or SS #	 	State ID#	or Owner Drive	ers' Licens	se#	
Has the City of Ukiah provided services to	you before?	es 🗌 No	f yes, at what add	dress?		
If no, previous address						
Do you have a valid City of Ukiah Business	s License?		Yes		No	
(If operating within the City limits)		If yes, Lic	ense #		<u> </u>	
	CO-OWN	ER and or I	MANAGER			
NAME			CO-OWNER o	r MANAG	ER	
TELEPHONE #'s MOBILE#					RGENCY	
NAME			CO-OWNER o	r MANAG	ER	
TELEPHONE #'s MOBILE#				EMEF	RGENCY	
	eck boxes of utilities					
Electric	Water	Sewer				
	REFERENCES (Please	se complet	e for two ref	erences)		
NAME			NAME			
ADDRESS			ADDRESS			
Daytime Phone			Daytime Phone	e		
Relationship			Relationship _			
	PLEASE READ CA	KEFULLY	RELOKE 210	NING		
By signing this application and accepting u To comply with all of the City's Custome		_	ainad in tha l lki	iah City C	ada Sactions 3000 407	73 as they new
read or as they may be changed by the Cit		-		-		-
on the city's website at www.cityofukiah.co	•					
I/we understand and agree that every a at the location furnished as a result of this		service local	ion is jointly and	d severab	ly liable for all of the ch	arges for service
I/we understand that the City of Ukiah r		my security o	leposit and ma	y bill an ad	dditional deposit not to	exceed twice
the monthly average of charges according credit (not to exceed one (1) Delinquent No	· ·	=	-			-
I/we understand that the City shall have the	· · · · · · · · · · · · · · · · · · ·		=		=	-
or incomplete.	ADDI ICATION IS TRUE A	ND COMPLE	TE TO THE DE	EST OF M	IVIOUR KNOW! EDGE	AND DELIEE
THE INFORMATION PROVIDED IN THIS				EST OF IM		
OWNER'S SIGNATURE				-	DATE	
CO-OWNER/MANAGER'S SIGNATURE(S)					DATE	
	FOR	OFFICE US	E ONLY			
New commerical accounts may be required	d to pay a deposit of twice t	the estimated	l average utility	bill, but n	ot less than \$150. The	deposit may
be waived if one of the following occurs:	Liottor of gradit frame as -41-	or utility com	any for some	o rocalisa	d in the province 42	ntho
 The new customer presents a valid The new customer has previously expressions. 			-		•	
The new customer authorizes the C		=	' -	-	•	
Refundable Deposit (if applicable)	*\$	Waived			Total	
Non-refundable Service Charges	Electric - \$15.00	Water - 9	S15.00(C)/\$25	5.00(M)	Total	
, and the second			` ,	, ,	ount Collected	